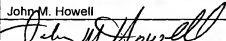


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|--|--|--|--|
| <b>UTILITY</b><br><b>PATENT APPLICATION</b><br><b>TRANSMITTAL</b><br>(Only for new nonprovisional applications<br>under 37 CFR 1.53(b))  |  | Attorney Docket No. <b>9345</b><br>First Inventor <b>Dana Paul Gruenbacher</b><br>Assignee <b>The Procter &amp; Gamble Company</b><br>Title <b>Self-Inflating Article</b><br>Express Mail Label No. <b>EL990715714US</b>   |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents.  |  | ADDRESS TO: <b>Mail Stop Patent Application</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Specification Total Pages [56]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive Title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R&D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings <i>(if filed)</i><br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets <input type="checkbox"/><br>4. Oath or Declaration Total pages [2]<br>a. <input checked="" type="checkbox"/> Newly executed <i>(original or copy)</i><br>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br><i>(for continuation/divisional with Box 17 complete)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR §§1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76 |  | 6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Application Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies   |  |
|  |  | <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
|  |  | 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i><br>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449/SB08 Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.<br>122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent.<br>16. <input type="checkbox"/> Other: ..... |  |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>      </u><br>Prior application information: Examiner: _____ Group/Art Unit: _____<br>For <b>CONTINUATION or DIVISIONAL APPS</b> only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.   |  |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |  |  |
| <input checked="" type="checkbox"/> Customer Number  |  | (Insert Customer No. here)<br><b>27752</b>   |  |

|                   |  |                                   |           |
|-------------------|--|-----------------------------------|-----------|
| Name (Print/Type) | John M. Howell   | Registration No. (Attorney/Agent) | 33,713    |
| Signature         |  | Date                              | 8/20/2003 |

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|---|--|--------------------|--|---------------------|--|-------------|-----------|----------------------|-----------------------|---------------|--|----------------|--|---------------------|------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Patent fees are subject to annual revision. | <b>Complete if Kn wn</b>   |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td></td> </tr> <tr> <td>Confirmation Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>8/20/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Dana Paul Gruenbacher</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group/Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>9345</td> </tr> </table> | Application Number |  | Confirmation Number |  | Filing Date | 8/20/2003 | First Named Inventor | Dana Paul Gruenbacher | Examiner Name |  | Group/Art Unit |  | Attorney Docket No. | 9345 |
| Application Number  |  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| Confirmation Number   |  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| Filing Date   | 8/20/2003  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| First Named Inventor  | Dana Paul Gruenbacher  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| Examiner Name   |  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| Group/Art Unit  |  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| Attorney Docket No.   | 9345   |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |
| TOTAL AMOUNT OF PAYMENT (\$) <b>1032.00</b>   |  |                    |  |                     |  |             |           |                      |                       |               |  |                |  |                     |      |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)  |   |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
|---|--|---|--------------------------|-----------------|----------|-------|--------------------|-----------------------------------|--------------------------|------|-------------------|--|--------------------------|------|--------------------|---------------------------|--------------------------|------|------------------------|--|--------------------------|------|------|--|--------------------------|------|--------|---|--------------------------|----------|-----|--|--------------------------|------|--------------|--|--------------------------|--------|------|--|--------------------------|--------------------|-------|--|--------------------------|------|-------|--|--------------------------|------|-----|------------------|--------------------------|------|-----|--|--------------------------|-----------------|------|--------------------------|--------------------------|------|-------|---|--------------------------|------|---------------------------------------|----------------------------------|--------------------------|---|-------|------------------------------------|---|---------------------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|--------------------|--|--|---------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number <b>16-2480</b><br>Deposit Account Name <b>The Procter &amp; Gamble Company</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17   | 3. ADDITIONAL FEES<br><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(5)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(g))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL(3)</b></td> <td><b>(5)   </b></td> </tr> </table> | Code  | (5)                      | Fee Description | Fee Paid | 1051  | 130                | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052 | 50                | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | 130                | Non-English specification | <input type="checkbox"/> | 1812 | 2,520                  | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251     | 110 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252 | 410          | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253   | 930  | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254               | 1,450 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 1,970 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 320 | Notice of Appeal | <input type="checkbox"/> | 1402 | 320 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403            | 280  | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110                                   | Petition to revive - unavoidable | <input type="checkbox"/> | 1453  | 1,300 | Petition to revive - unintentional | <input type="checkbox"/>                                | 1501                | 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 470 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Petitions related to provisional applications (37 C.F.R. 1.17(g)) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | <b>SUBTOTAL(3)</b> |  |  | <b>(5)   </b> |
| Code  | (5)  | Fee Description   | Fee Paid                 |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1051  | 130  | Surcharge-late filing fee or oath   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1052  | 50   | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1053  | 130  | Non-English specification   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1812  | 2,520  | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1804  | 920*   | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1805  | 1,840*   | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1251  | 110  | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1252  | 410  | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1253  | 930  | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1254  | 1,450  | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1255  | 1,970  | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1401  | 320  | Notice of Appeal  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1402  | 320  | Filing a brief in support of an appeal  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1403  | 280  | Request for oral hearing  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1451  | 1,510  | Petition to institute a public use proceeding   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1452  | 110  | Petition to revive - unavoidable  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1453  | 1,300  | Petition to revive - unintentional  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1501  | 1,300  | Utility issue fee (or reissue)  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1502  | 470  | Design issue fee  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1460  | 130  | Petitions to the Commissioner   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1807  | 50   | Petitions related to provisional applications (37 C.F.R. 1.17(g))   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1806  | 180  | Submission of Information Disclosure Statement  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1809  | 750  | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1810  | 750  | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1801  | 750  | Request for Continued Examination (RCE)   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1802  | 900  | Request for expedited examination of a design application   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1454  | 1300   | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Other fee (specify) _____   |  |   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Other fee (specify) _____   |  |   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| <b>SUBTOTAL(3)</b>  |  |   | <b>(5)   </b>            |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| <b>FEE CALCULATION</b><br><br>1. BASIC FILING FEE - Large Entity<br><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(5)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr><td>1001</td><td>750</td><td>Utility filing fee</td><td>[750.00]</td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td><b>(5)[750.00]</b></td> </tr> </table><br>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity<br><br><table style="width: 100%;"> <tr> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> <th colspan="2">Extra</th> <th rowspan="2">Fee from</th> <th rowspan="2">Fee</th> </tr> <tr> <th>Claims</th> <th>Below</th> <th>Paid</th> </tr> <tr> <td>Total Claims</td> <td>[31]</td> <td>- 20** =</td> <td>[11] x</td> <td>[18]</td> <td>=</td> <td>[198]</td> </tr> <tr> <td>Independent Claims</td> <td>[4]</td> <td>- 3** =</td> <td>[1] x</td> <td>[84]</td> <td>=</td> <td>[84]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>[ ]</td> <td>=</td> <td>[ ]</td> </tr> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(5)</th> <th style="text-align: left;">Fee Description</th> </tr> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr> <td colspan="3"><b>SUBTOTAL (2)</b></td> <td><b>(5)[282.00]</b></td> </tr> </table> | Code   | (5)   | Fee Description          | Fee Paid        | 1001     | 750   | Utility filing fee | [750.00]                          | 1002                     | 330  | Design filing fee | <input type="checkbox"/>                             | 1004                     | 750  | Reissue filing fee | <input type="checkbox"/>  | 1005                     | 160  | Provisional filing fee | <input type="checkbox"/>                               | <b>SUBTOTAL (1)</b>      |      |      | <b>(5)[750.00]</b>                                       |                          |      |        | Extra   |                          | Fee from | Fee | Claims   | Below                    | Paid | Total Claims | [31]   | - 20** =                 | [11] x | [18] | =  | [198]                    | Independent Claims | [4]   | - 3** =  | [1] x                    | [84] | =     | [84]   | Multiple Dependent       |      |     |                  | [ ]                      | =    | [ ] | Code                                   | (5)                      | Fee Description | 1202 | 18                       | Claims in excess of 20   | 1201 | 84    | Independent claims in excess of 3             | 1203                     | 280  | Multiple dependent claim, if not paid | 1204                             | 84                       | **Reissue independent claims over original patent | 1205  | 18                                 | **Reissue claims in excess of 20 & over original patent | <b>SUBTOTAL (2)</b> |       |                                | <b>(5)[282.00]</b>       |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Code  | (5)  | Fee Description   | Fee Paid                 |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1001  | 750  | Utility filing fee  | [750.00]                 |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1002  | 330  | Design filing fee   | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1004  | 750  | Reissue filing fee  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1005  | 160  | Provisional filing fee  | <input type="checkbox"/> |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| <b>SUBTOTAL (1)</b>   |  |   | <b>(5)[750.00]</b>       |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
|   |  |   | Extra                    |                 | Fee from | Fee   |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
|   |  |   | Claims                   | Below           |          |       | Paid               |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Total Claims  | [31]   | - 20** =  | [11] x                   | [18]            | =        | [198] |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Independent Claims  | [4]  | - 3** =   | [1] x                    | [84]            | =        | [84]  |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Multiple Dependent  |  |   |                          | [ ]             | =        | [ ]   |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| Code  | (5)  | Fee Description   |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1202  | 18   | Claims in excess of 20  |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1201  | 84   | Independent claims in excess of 3   |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1203  | 280  | Multiple dependent claim, if not paid   |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1204  | 84   | **Reissue independent claims over original patent   |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| 1205  | 18   | **Reissue claims in excess of 20 & over original patent   |                          |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |
| <b>SUBTOTAL (2)</b>   |  |   | <b>(5)[282.00]</b>       |                 |          |       |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |        |   |                          |          |     |  |                          |      |              |  |                          |        |      |  |                          |                    |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |                 |      |                          |                          |      |       |   |                          |      |                                       |                                  |                          |   |       |                                    |   |                     |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                    |  |  |               |

| SUBMITTED BY      |                | Complete (if applicable) |                |
|-------------------|----------------|--------------------------|----------------|
| Name (Print/Type) | John M. Howell | Registration No.         | 33,713         |
| Signature         |                | Telephone                | (513) 626-3792 |
|                   |                | Date                     | 8/20/2003      |

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